



RCE
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Approved for use through 10/31/2002. OMB 0651-0031
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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
Mail Stop: RCE
Alexandria, Virginia 22313-1450

Application Number	10/769,241 / 8159
Filing Date	January 30, 2004
First Named Inventor	Mikhail A. Wolf
Art Unit	2857
Examiner Name	Anthony Gutierrez
Attorney Docket Number	X-1334 US

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114**

- a. ☒ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on February 14, 2006
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other 05/20/2006 HNGUYEN1 00000047 240040 10769241

01 FC:1801 790.00 DA
02 FC:1253 1020.00 DA

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 24-0040
- i. ☒ RCE fee required under 37 C.F.R. 1.17(e) in the amount of \$790.00
- ii. ☒ Extension of time fee (37 C.F.R. 1.136 and 1.17) Within Third Month \$1020.00
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652
Signature		Date	June 14, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail / EXPRESS MAIL in an envelope addressed to: Commissioner For Patents, Mail Stop: RCE, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Name (Print/Type)	Pat Tompkins	Date	June 14, 2006
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Commissioner for Patents, Mail Stop: RCE, Alexandria, Virginia 22313-1450.



PTO/SB/17 (10-02)
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FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision</i>	Complete if Known	
	Application / Conf. No.	10/769,241 / 8159
	Filing Date	January 30, 2004
	First Named Inventor	Mikhail A. Wolf
	Examiner Name	Anthony Gutierrez
	Art Unit	2857
Attorney Docket No.	X-1334 US	
TOTAL AMOUNT OF PAYMENT (\$) 1810.00		

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		3. ADDITIONAL FEES Large Entity Fee Code (\$)	
FEE CALCULATION 1. BASIC FILING FEE Large Entity Fee Code (\$)		Fee Description	
Fee Description		Fee Paid	
1001 770 Utility filing fee		1051 130 Surcharge - late filing fee or oath	
1002 330 Design filing fee		1052 50 Surcharge - late provisional filing fee or cover sheet.	
1003 510 Plant filing fee		1812 2,520 For filing a request for exparte reexamination	
1004 790 Reissue filing fee		1804 920* Requesting publication of SIR prior to Examiner action	
105 160 Provisional filing fee		1805 1,840* Requesting publication of SIR after Examiner action	
SUBTOTAL (1) (\$)		1251 120 Extension for reply within first month	
		1252 450 Extension for reply within second month	
		1253 1020 Extension for reply within third month	\$1020
		1254 1,530 Extension for reply within fourth month	
		1255 2,080 Extension for reply within fifth month	
		1401 500 Notice of Appeal	
		1402 500 Filing a brief in support of an appeal	
		1403 1000 Request for oral hearing	
		1451 1,510 Petition to institute a public use proceeding	
		1452 110 Petition to revive - unavoidable	
		1453 1,500 Petition to revive - unintentional	
		1501 1,400 Utility issue fee (or reissue)	
		1460 130 Petitions to the Commissioner	
		1807 50 Petitions related to provisional applications	
		1806 180 Submission of Information Disclosure Stmt	
		8021 40 Recording each patent assignment per property (times number of properties)	
		1809 790 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 790 For each additional invention to be examined (37 CFR 1.129(b))	
		1801 790 Request for Continued Examination (RCE)	\$790
		Other fee (specify)	
SUBTOTAL (2) (\$)		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	1810.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims -20** = Extra X Fee from below = Fee Paid Indep. Claims - 3** = X Multiple Dependent Claims X **or number previously paid, if greater; For Reissues, see below Large Entity Fee Code (\$)			
1202 18 Claims in excess of 20			
1201 86 Independent claims in excess of 3			
1203 290 Multiple dependent claim, if not paid			
1204 86 **Reissue independent claims over original patent			
1205 18 **Reissue claims in excess of 20 and over original patent			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652
Signature		Telephone	408-879-6149
		Date	06-14-2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.